

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 **MIDDLESEX AVE** Route# Direction Name of Roadway/Street

At

1 **WILDWOOD ST** Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

3 Feet [N S E W] of _____ of _____ or _____

Feet [N S E W] of _____ Mile Marker _____ Exit Number _____

Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____

Landmark _____

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped

Crash Report ID# **20-232-AC**

License # **S74976095** St **MA** DOB/Age _____ Reg # **SPRAY** Reg Type **PC** Reg State **MA**

Sex **M** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2017** Veh Make **TOYOTA** Veh Config. **1**

Operator **BRANSFIELD, JAMES T** Owner **BRANSFIELD, JAMES T**

Address **15 GLENDALE CIR** Address **15 GLENDALE CIR**

City **WILMINGTON** State **MA** Zip **01887-1901** City **WILMINGTON** State **MA** Zip **01887-1901**

Insurance Company **SAFETY INSURANCE COMPANY** Vehicle Action Prior to Crash **3** Damaged Area Code: **8 27 27 27**

Vehicle Travel Direction: **[N S E W]** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **1 25 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **0 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # **S94927037** St **MA** DOB/Age _____ Reg # **14ES27** Reg Type **PC** Reg State **MA**

Sex **F** Lic. Class **D** Lic. Restrictions **20** CDL Endorsement _____ Veh Year **2016** Veh Make **SUBARU** Veh Config. **1**

Operator **CARRIGG, BARBARA JANE** Owner **CARRIGG, BARBARA JANE**

Address **10 RIDGEWOOD LN** Address **10 RIDGEWOOD LN**

City **BURLINGTON** State **MA** Zip **01803-1024** City **BURLINGTON** State **MA** Zip **01803-1024**

Insurance Company **THE COMMERCE INSURANCE CO** Vehicle Action Prior to Crash **1** Damaged Area Code: **2 27 27 27**

Vehicle Travel Direction: **[X S E W]** Responding to Emergency? **2** Event Sequence **1 23 23 23 23** Test Status: **1 28**

Citation # (If Issued) _____ Most Harmful Event **1 24** Type of Test: **29**

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Driver Contributing Code **19 25 3 25** BAC Test Result: **1 30**

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____ Driver Distracted by **99 26** Susp. Alcohol: **2 31** Susp. Drug: **2 32**

Towed from scene? **2 33**

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Wilmington Police Department
Images Associated with 20-232-AC

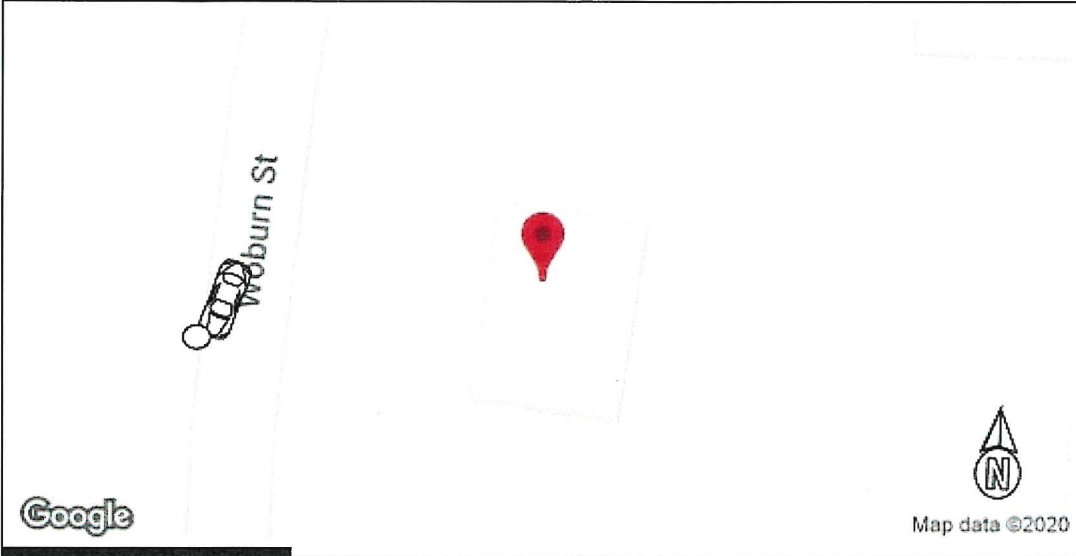


Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 10/20/2020	Time of Crash 1712 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____
AT INTERSECTION:			LOCATION				NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>102</u> Direction _____ Address # <u>WOBURN ST</u> Name of Roadway/Street _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ or _____ Exit Number _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				Landmark _____									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# 20-233-AC													
License # <u>S49462547</u> St <u>MA</u> DOB/Age _____			Reg # <u>1GJE19</u> Reg Type <u>PC</u> Reg State <u>MA</u>													
Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year <u>2016</u> Veh Make <u>Jeep</u> Veh Config. <u>1</u> <u>21</u>													
Operator <u>GREGORY, AMANDA N</u>			Owner <u>COBUCCIO, JOSEPH ANTHONY</u>													
Address <u>963 SOUTH ST</u>			Address <u>963 SOUTH ST</u>													
City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2365</u>			City <u>TEWKSBURY</u> State <u>MA</u> Zip <u>01876-2365</u>													
Insurance Company <u>PROGRESSIVE CASUALTY INSU</u>			Vehicle Action Prior to Crash <u>1</u> <u>22</u>				Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u>			Event Sequence <u>22</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u>				Test Status: <u>1</u> <u>28</u>									
Citation # (If Issued) _____			Most Harmful Event <u>22</u> <u>24</u>				Type of Test: <u>1</u> <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>99</u> <u>25</u> <u>25</u>				BAC Test Result: <u>1</u> <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>99</u> <u>26</u>				Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Towed from scene? <u>1</u> <u>33</u>													
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____																
Please fill out for operator and all occupants involved																
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility			
Operator		See Above		XXXX	X	<u>1</u>	<u>99</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>				
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____													
Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____			Veh Year _____ Veh Make _____ Veh Config. <u>21</u>													
Operator _____			Owner _____													
Address _____			Address _____													
City _____ State _____ Zip _____			City _____ State _____ Zip _____													
Insurance Company _____			Vehicle Action Prior to Crash <u>22</u>				Damaged Area Code: <u>27</u> <u>27</u> <u>27</u>									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u>				Test Status: <u>28</u>									
Citation # (If Issued) _____			Most Harmful Event <u>24</u>				Type of Test: <u>29</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Driver Contributing Code <u>25</u> <u>25</u>				BAC Test Result: <u>30</u>									
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Driver Distracted by <u>26</u>				Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u>									
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____			Towed from scene? <u>33</u>													
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____																
Please fill out for operator/non-motorist and all occupants involved																
Name (Last First Middle)		Address		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility			
Operator/Non-Motorist		See Above		XXXX	X	<u>1</u>										

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ☹ → ☺



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

Operator was traveling South on Woburn street. She was checking her GPS and the vehicle struck a utility pole.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Rafael G Cruz

Police Officer Name (Please Print)

Signature

198

ID/Badge #

Wilmington Police Department

Department

Precinct/Barracks

10/20/2020

Date

Police Use Only	Date of Crash 10/24/2020	Time of Crash 1211 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit <u>35</u>	Latitude _____	Longitude _____	State Police <input type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Campus Police <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:									
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# <u>219</u> Direction <u>MAIN ST</u> Address # _____ Name of Roadway/Street _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____										

Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped

Crash Report ID# **20-234-AC**

License # <u>S12927040</u> St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>HARTKA, DAVID JAMES</u> Last First Middle Address <u>9 PINEHURST AVE</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5901</u> Insurance Company <u>GEICO INDEMNITY COMPANY</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>2B8494</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>1994</u> Veh Make <u>SUZUKI</u> Veh Config. <u>3</u> <u>21</u> Owner <u>HARTKA, DAVID JAMES</u> Last First Middle Address <u>9 PINEHURST AVE</u> City <u>BILLERICA</u> State <u>MA</u> Zip <u>01821-5901</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>11</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>19</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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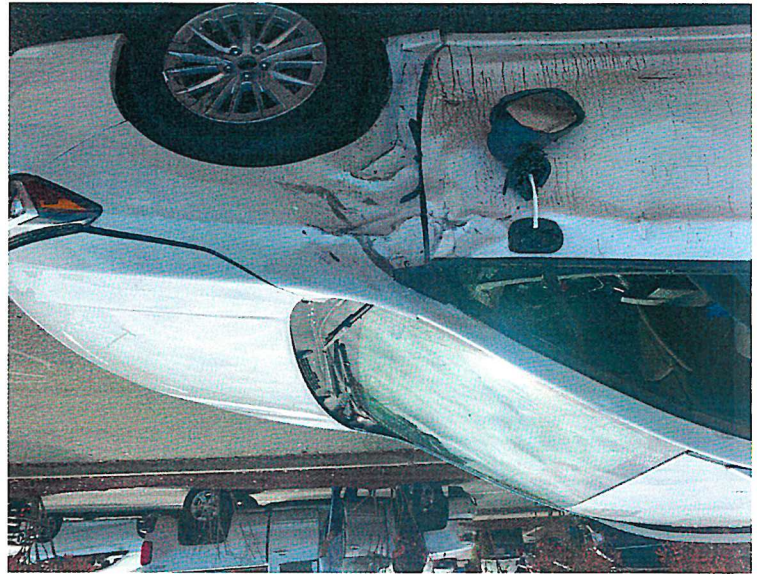
Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		XXXXXX	XXXX	<u>1</u>	<u>5</u>	<u>5</u>	<u>1</u>	<u>0</u>	<u>7</u>	<u>2</u>	Lahey Clinic

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # <u>S61153683</u> St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Endorsement _____ Operator <u>ZUK, KRISTINE A</u> Last First Middle Address <u>23 RANDOLPH RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2830</u> Insurance Company <u>THE HANOVER INSURANCE COM</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) <u>T2061729</u> Viol. 1: Ch/Sec/Sub <u>89</u> <u>8</u> Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>7HM958</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>SUBARU</u> Veh Config. <u>1</u> <u>21</u> Owner <u>ZUK, KRISTINE A</u> Last First Middle Address <u>23 RANDOLPH RD</u> City <u>WILMINGTON</u> State <u>MA</u> Zip <u>01887-2830</u> Vehicle Action Prior to Crash <u>4</u> <u>22</u> Damaged Area Code: <u>3</u> <u>27</u> <u>9</u> <u>27</u> <u>27</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u> Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>4</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u> Driver Distracted by <u>99</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u> Towed from scene? <u>1</u> <u>33</u>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		XXXXXX	XXXX	<u>1</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>8</u>	<u>2</u>	Lahey Clinic

Wilmington Police Department
Images Associated with 20-234-AC



Wilmington Police Department
Images Associated with 20-234-AC

